

EXHIBIT 27

Case No: BI-LA2022-00016

ATTACHMENT: 004

SUSPICIOUS INJURY REPORT
STATE OF CALIFORNIA
California Office of Emergency Services

Cal OES 2-920

Confidential Document

Penal Code Section 11160 requires that if any health practitioner provides services for a wound or physical injury inflicted as a result of a firearm, shall make a telephone report immediately or as soon as possible on the next working days of receiving the information to a local law enforcement agency submitting the written report.

LA ST FRANCIS MEDICAL CENTER
Trauma, Southsudan One
Att Dr: No att. providers found
05/04/74 U 148 y.o.
7700065126606 Emergency
112266444

it, provides medical
s of a firearm, shall
tten report within 2
(Cal OES 2-920) for

This form is used by law enforcement only and is confidential in accordance with Section 11165.2 of the Penal Code. In no case shall the person identified as a suspect be allowed access to the injured person's whereabouts.

Part A: PATIENT WITH SUSPICIOUS INJURY

1. Name of Patient (Last, First, Middle)	2. Birth Date	3. Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F	4. SAFE Telephone Number ()
5. Patient Address (Number and Street / Apt - No P.O. Box)		City	State Zip
6. Patient Speaks English <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify language spoken: <u>UNK</u>		7. Date and Time of Injury Date: <u>5/4/22</u> Time: <input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> unknown	
8. Location / Address Where Injury Occurred, if Available. Check here if unknown: <input type="checkbox"/> <u>1051 Garfield</u>			
9. Patient description of the incident. Include any identifying information about the person the patient alleges caused the injury and the names of any persons who may know about the incident. <u>35yo attempted SI hit by 1 car</u> <u>4 GSW, Rt chest/thigh</u> <u>by CHP LF</u>			<input type="checkbox"/> Additional Pages Attached
10. Name of Suspect, if Identified by the Patient		11. Relationship to Patient. <input checked="" type="checkbox"/> No Relationship	
12. Suspicious Injury Description. Include a brief description of physical findings, lab tests completed or pending, and other pertinent information. <u>Dr. Strumwasser, Trauma MD</u> <u>Dr. WOO, Dr. Emergency dpt.</u> <u>Moses, RN</u> <u>TOD 12:08</u>			

Part B: REQUIRED - AGENCIES RECEIVING PHONE AND WRITTEN REPORTS

13. Law Enforcement Agency Notified By Phone (Mandated by PC 11160)	14. Date and Time Reported Date: <u>5/4/22</u> Time: <u>12:01</u> am <input checked="" type="radio"/> pm	
15. Name of Person Receiving Phone Report (First and Last)	16. Title <u>CHP Portillo</u>	17. Phone Number <u>(323) 980-4600</u>
18. Law Enforcement Agency Receiving Written Report (Mandated by PC 11160) <u>East LA CHP</u>	19. Agency Incident Number	

Part C: PERSON FILING REPORT

20. Name of Health Practitioner (First and Last) <u>Veronica Acosta</u>	Title <u>LCSW</u>	Telephone <u>310 900 7856</u>
21. Employer's Name <u>St Francis Medical Center</u>		Phone Number <u>310 900 4525</u>
22. Employer's Address (Number and Street) <u>3630 E Imperial Hwy</u>		City <u>Wynwood</u> State <u>90262</u>
23. HEALTH PRACTITIONER'S SIGNATURE: <u>[Signature]</u>		26. Date Signed: <u>5/4/2022</u>

Date/Time: 05/04/2022 11:21:09
EMS Agency Name: LACoFD
Patient Name: Unknown, Male
Unit Number: S98
Incident Number: LAC22148094
Incident/Patient Disposition: (ALS) Patient Treated, Transported
Sequence Number: CF2205040488
Rec Facility: SFM Saint Francis Medical Center



LA COUNTY

LACLAO
1320 N Eastern Avenue
City of Los Angeles, CA
90063
Work: (323) 881-2411

Incident Info

Unit Notified by: 05/04/2022 11:21:09
Dispatch Date/Time:
Mass Casualty: No
Incident:
EMS Vehicle (Unit) Number: S98
Dispatch Complaint: T/C PED INVOLVED - ALS
Incident Number: LAC22148094
Sequence Number: CF2205040488
EMS Unit Call Sign: S98
Disposition: (ALS) Patient Treated, Transported
Location Code: FR - Freeway
Incident Address: WB 105 EO 710 FWY PARAMOUNT, CA 90723
GPS Location: 33.91135,-118.1649

Provider and Times

Agency: LACoFD
Unit ID: S98
Level of Care: Advanced Life Support
Dispatch: 05/04/2022 11:21:09
Arrival: 05/04/2022 11:29:12
At Patient: 05/04/2022 11:35:12
Left Scene: 05/04/2022 12:16:12
At Facility: 05/04/2022 12:24:12
Facility Equip: 05/04/2022 12:25:08
Available: 05/04/2022 12:30:12

Additional Responding Units

LACoFD Units

Unit ID	Level of Care	PSAP Call Date/Time	Notified by Dispatch Date/Time	En Route Date/Time
E57	BLS-Basic /EMT	11:19:47	11:21:09	11:21:22

Transporting Units

Transport Agency	Transport Unit Number
WEST MED/MCCORMICK AMBULANCE	000

Crew Members

Crew Members

Crew Member ID	Crew Member Level	Crew Member Response Role
DIGBY, ADAM (P41473)	Paramedic	Paramedic Driver (Documenter)
SCHAEFER, PATRICK (P41470)	Paramedic	Primary Patient Caregiver -ALS Unit

PPE

EMS Professional (Crew Member) ID	Personal Protective Equipment Used
DIGBY, ADAM (P41473)	Mask-N95
SCHAEFER, PATRICK (P41470)	Mask-N95 ; Gloves

Transported To

Receiving Facility: SFM Saint Francis Medical Center

Date/Time: 05/04/2022 11:21:09
EMS Agency Name: LACoFD
Facility Address: 3630 E Imperial Hwy, Lynwood, CA 90262
Incident/Patient Disposition: (ALS) Patient Treated, Transported
Transport To: Criteria - Specialty Center
Hospital Capability: Trauma Center Level 2 (TC)
Reason:
Base Hospital Contacted: SFM Saint Francis Medical Center
Patients Transported: 1
Patients at Scene: 1

Patient Name: Unknown, Male
Incident Number: LAC22148094
Sequence Number: CF2205040488
Rec Facility: SFM Saint Francis Medical Center
Unit Number: S98
Incident/Patient Disposition: (ALS) Patient Treated, Transported

Patient Information

Name: Unknown, Male
Date of Birth: Unable to Complete
Est. Weight (lbs.): 225
Age: 35 Years
Est. Weight (kg): 102.1
Gender: Male
Color Code Weight:

Home Address: Unknown , ,

Patient History

Med/Surg History: Unable to Complete
Medication Allergies:
Unable to Complete
Allergic to ASA?: No
Current Medications:
Unable to Complete

Patient Assessment

Distress Level: Severe
Dispatch Complaint: T/C PED INVOLVED
Chief Complaint: Penetrating Traumatic Arrest
Other Complaints:
Primary Impression: Traumatic Arrest, Penetrating
Other Impressions:
Mechanism of injury: Firearm Injury, Assault/Intentional (GSW)

Treatment Protocols

Protocols Used:
Traumatic Arrest - 1243

GCS/ Stroke Scale

Date/Time	Eye	Motor	Verbal	Total Score
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Date/Time: 05/04/2022 11:21:09	Patient Name: Unknown, Male	Incident Number: LAC22148094	Sequence Number: CF2205040488
EMS Agency Name: LACoFD	Unit Number: S98	Incident/Patient Disposition: (ALS) Patient Treated, Transported	Rec Facility: SFM Saint Francis Medical Center

11:40:53	1 - None	1 - None	1 - None	3
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Stroke Assessment

Stroke Scale Type

LAMS
LAMS
LAMS
LAMS
LAMS
LAMS
LAMS

Therapies/ Procedures/ Meds/ DeFib

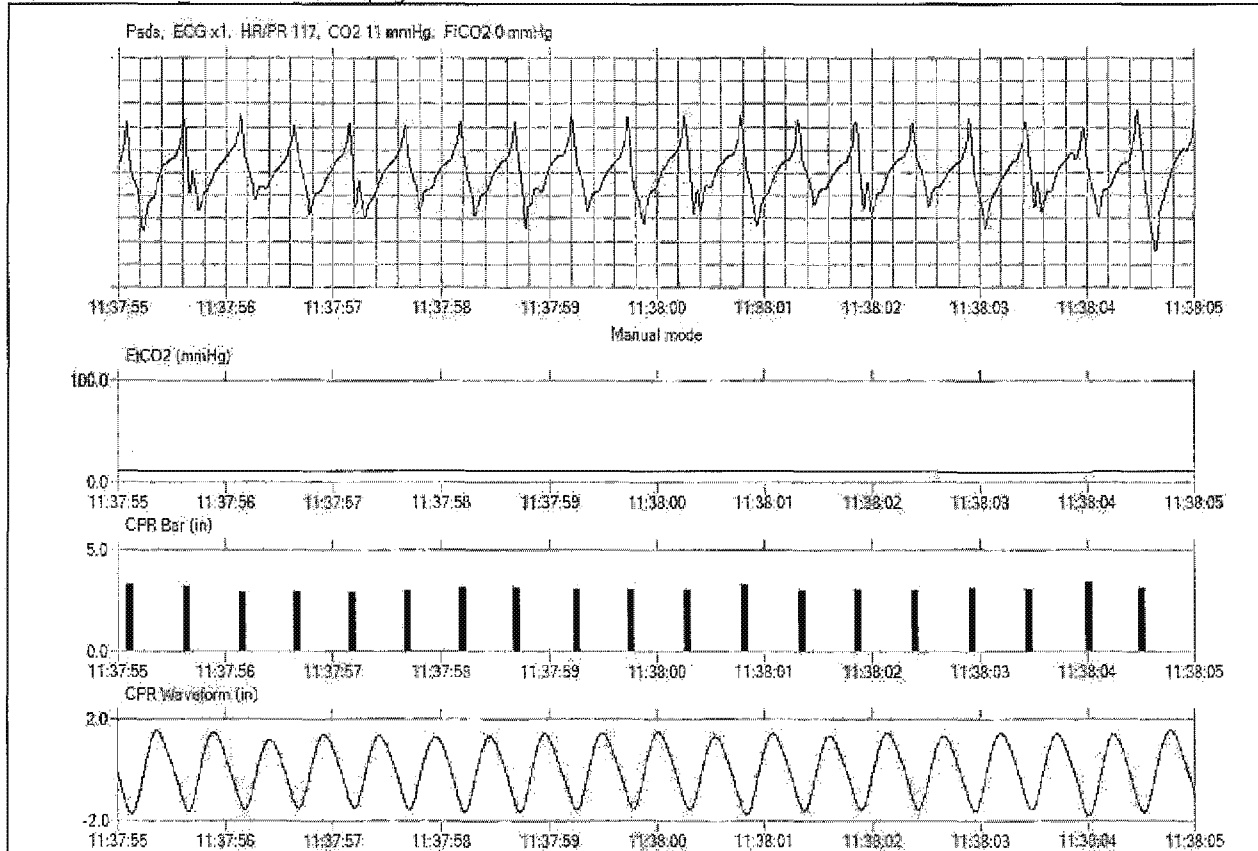
Date/Time	TM #	<u>Procedures</u>	Procedure Successful
		Procedure	
11:36:01	SCHAEFER, PATRICK (P41470)	CPR	Yes
11:36:02	SCHAEFER, PATRICK (P41470)	AED	
11:36:04	SCHAEFER, PATRICK (P41470)	OPA - Oropharyngeal Airway Insertion	Yes
11:36:36	SCHAEFER, PATRICK (P41470)	Bag-Mask Ventilations (BMV)	
11:37:44	SCHAEFER, PATRICK (P41470)	Intraosseous Insertion	No
11:38:19	SCHAEFER, PATRICK (P41470)	Intraosseous Insertion	No
11:39:48	SCHAEFER, PATRICK (P41470)	Intraosseous Insertion	Yes
11:41:32	SCHAEFER, PATRICK (P41470)	Dressing Application	Yes
11:42:49	SCHAEFER, PATRICK (P41470)	Needle Thoracostomy	Yes
11:46:28	SCHAEFER, PATRICK (P41470)	ALS Assessment	Yes

Medications

Date/Time Medication Administered	Medication Crew (Healthcare Professionals) ID	Medication Given	Medication Dosage/ Units	Medication Administered Route
11:39:12	SCHAEFER, PATRICK (P41470)	OX - Oxygen	15 Liters Per Minute (LPM [gas])	Bag Valve Mask (BVM)

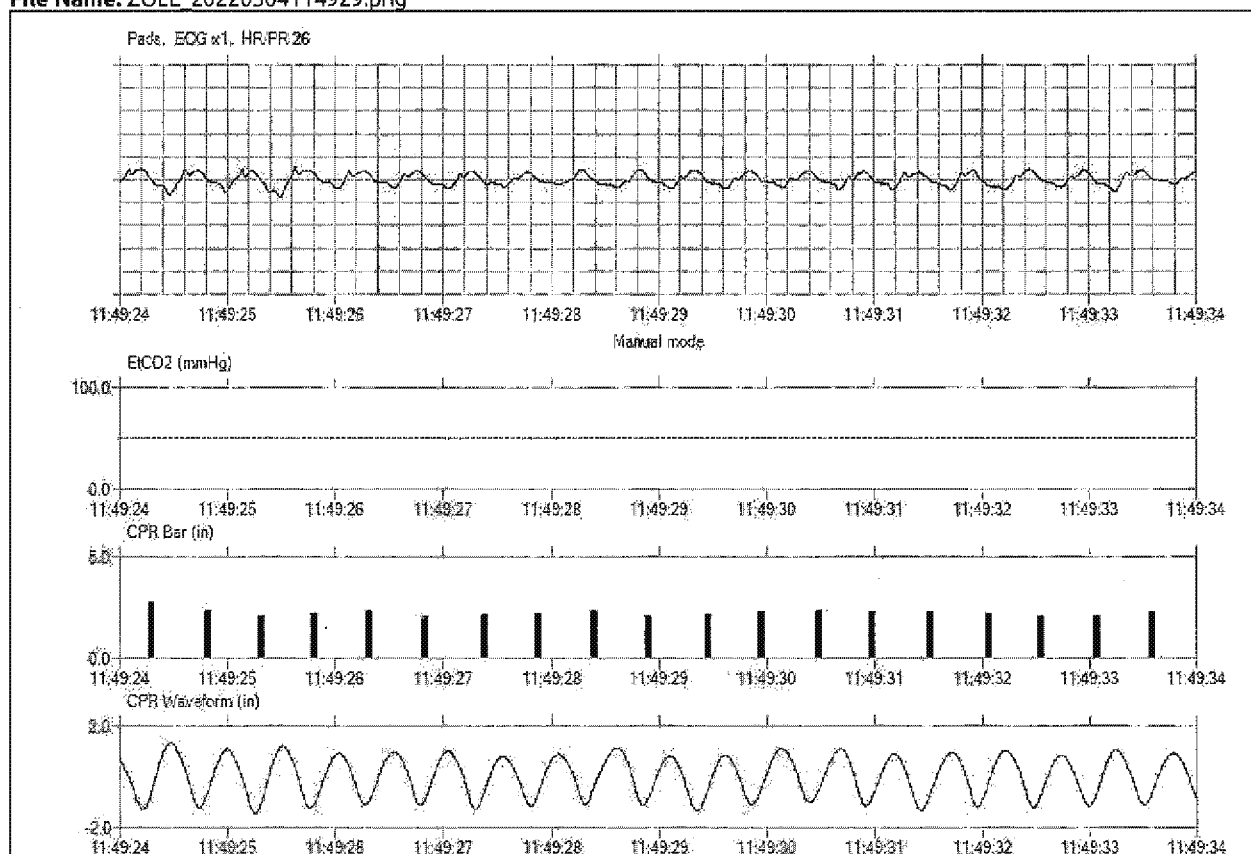
Date/Time: 05/04/2022 11:21:09 **Patient Name:** Unknown, Male **Incident Number:** LAC22148094 **Sequence Number:** CF2205040488
EMS Agency Name: LACoFD **Unit Number:** S98 **Incident/Patient Disposition:** (ALS) Patient Treated, Transported **Rec Facility:** SFM Saint Francis Medical Center

Time: 05/04/2022 11:38:00
File Name: ZOLL_20220504113800.png



Date/Time: 05/04/2022 11:21:09
EMS Agency Name: LACoFD
Patient Name: Unknown, Male
Unit Number: S98
Incident Number: LAC22148094
Incident/Patient Disposition: (ALS) Patient Treated, Transported
Sequence Number: CF2205040488
Rec Facility: SFM Saint Francis Medical Center

Time: 05/04/2022 11:48:00
File Name: ZOLL_20220504114929.png



Date/Time: 05/04/2022

Patient Name: Unknown, Male

Incident Number: LAC22148094

Sequence Number: CF2205040488

11:21:09

Number:

Number:

EMS Agency Name: LACoFD

Unit Number: S98

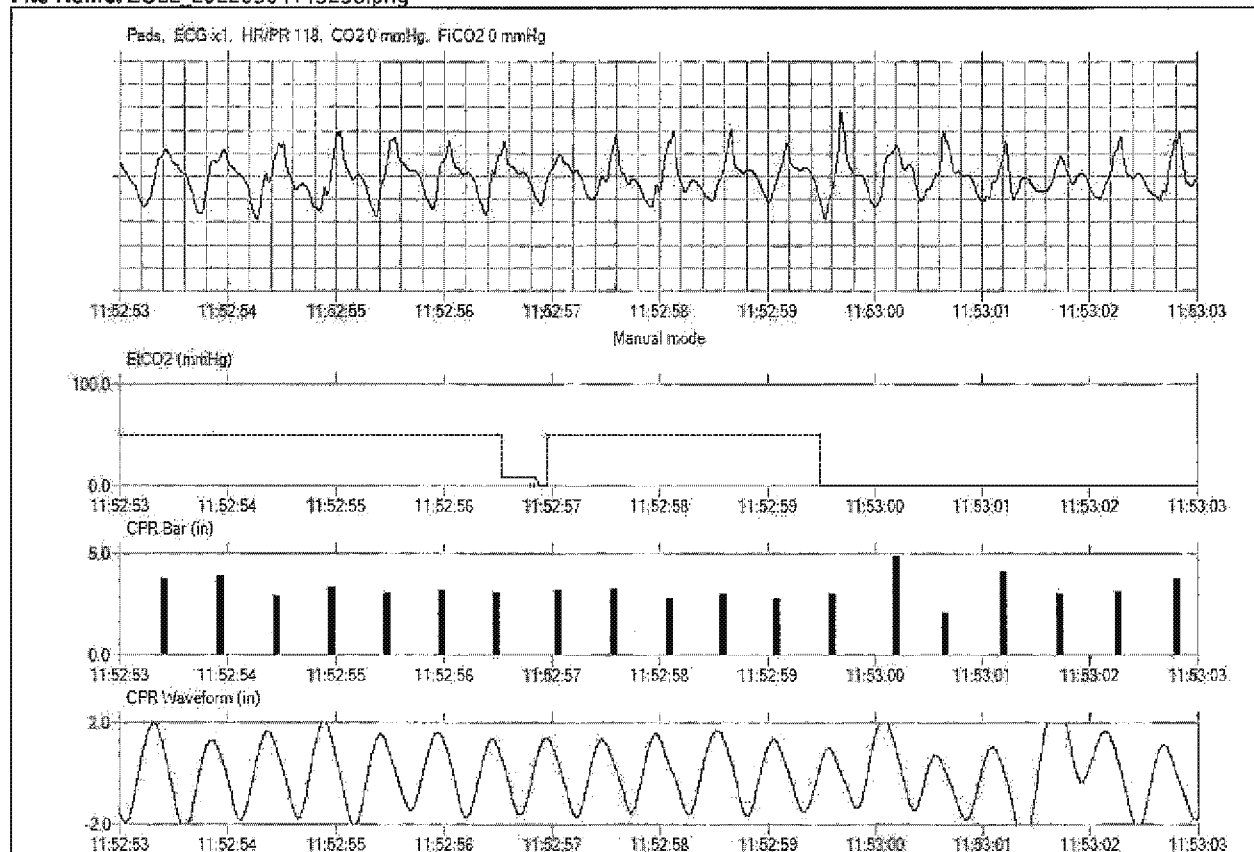
Incident/Patient Disposition: (ALS) Patient

Rec Facility: SFM Saint Francis Medical Center

Treated,
Transported

Time: 05/04/2022 11:52:58

File Name: ZOLL_20220504115258.png



Date/Time: 05/04/2022
11:21:09

Patient Name: Unknown, Male

Incident Number: LAC22148094

Sequence Number: CF2205040488

EMS Agency Name: LACoFD

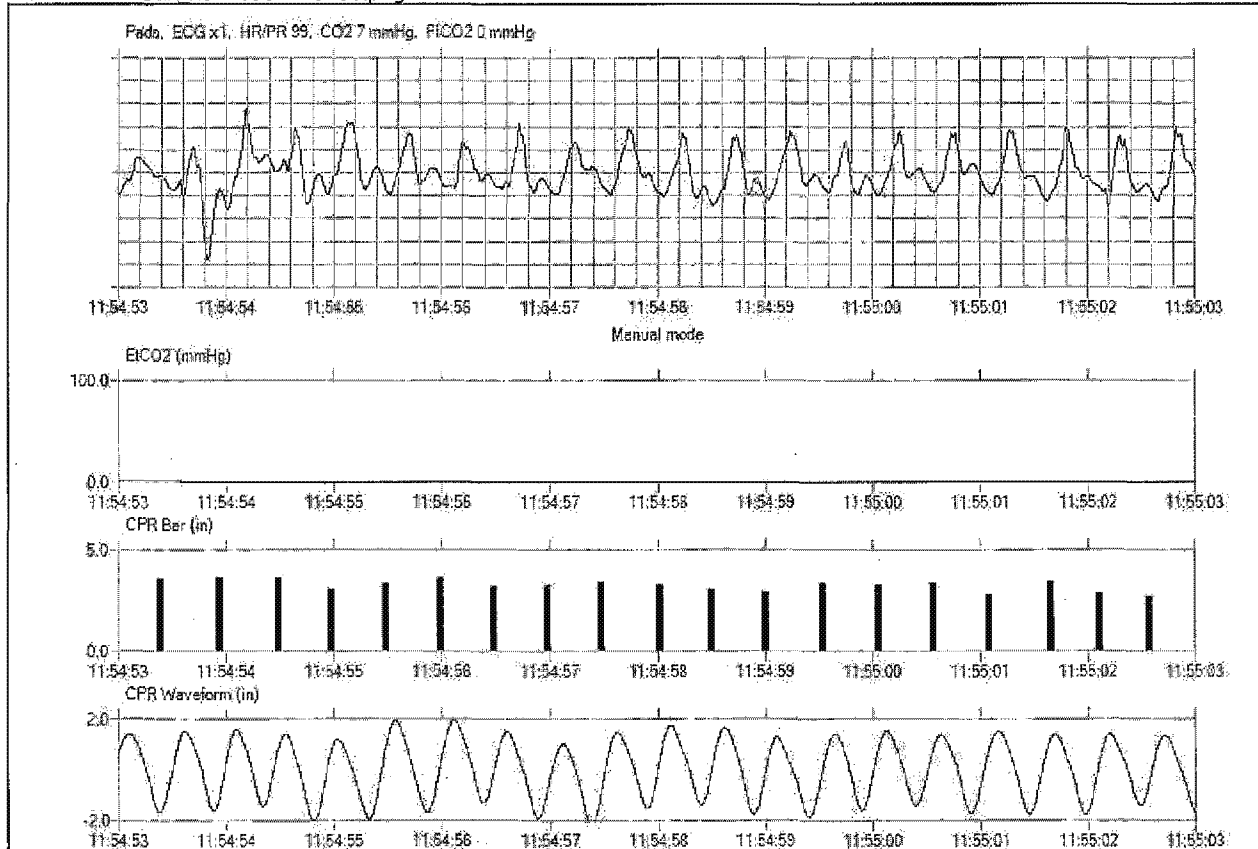
Unit Number: S98

Incident/Patient Disposition: (ALS) Patient
Treated,
Transported

Rec Facility: SFM Saint
Francis Medical
Center

Time: 05/04/2022 11:54:58

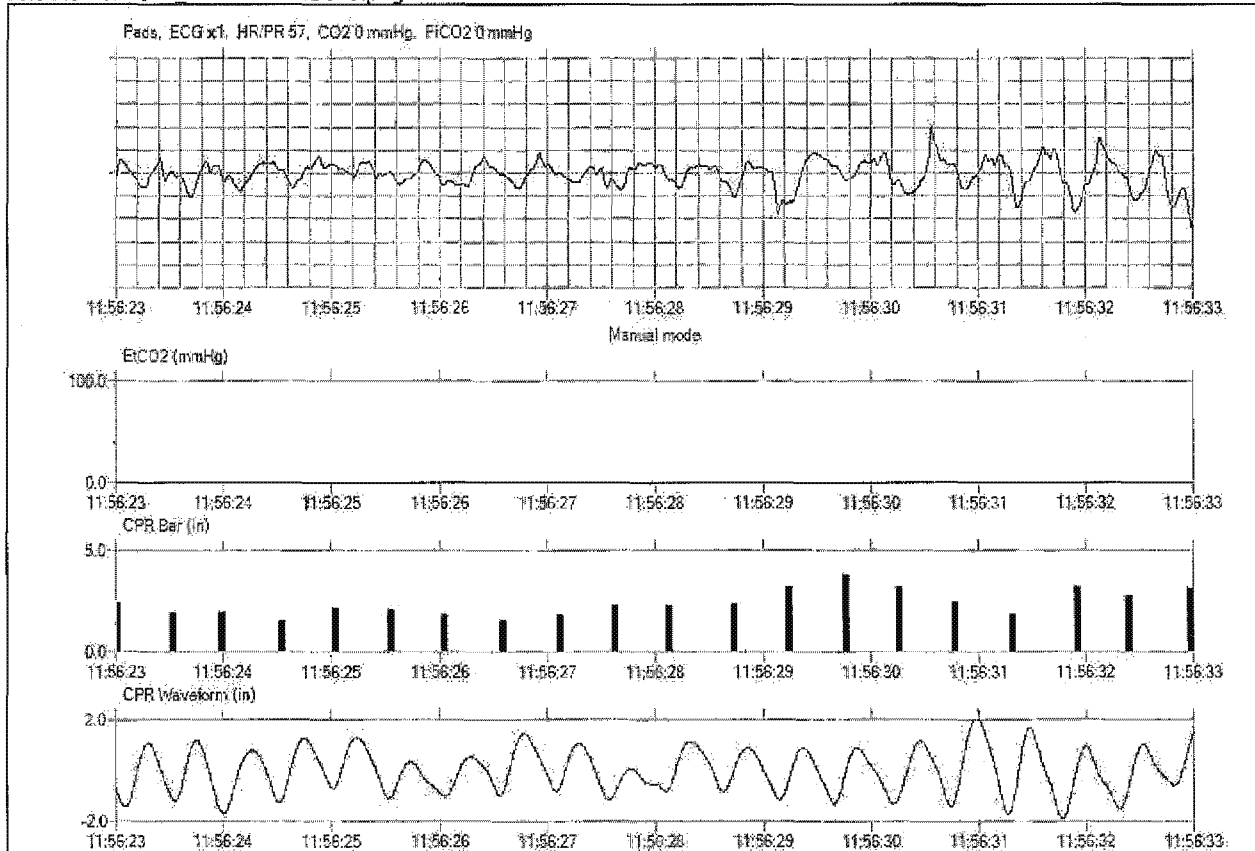
File Name: ZOLL_20220504115458.png



Date/Time: 05/04/2022 11:21:09 Patient Name: Unknown, Male Incident Number: LAC22148094 Sequence Number: CF2205040488
EMS Agency Name: LACoFD Unit Number: S98 Incident/Patient Disposition: (ALS) Patient Treated, Transported Rec Facility: SFM Saint Francis Medical Center

Time: 05/04/2022 11:56:28

File Name: ZOLL_20220504115628.png



Date/Time: 05/04/2022
11:21:09
EMS Agency: LACoFD
Name:

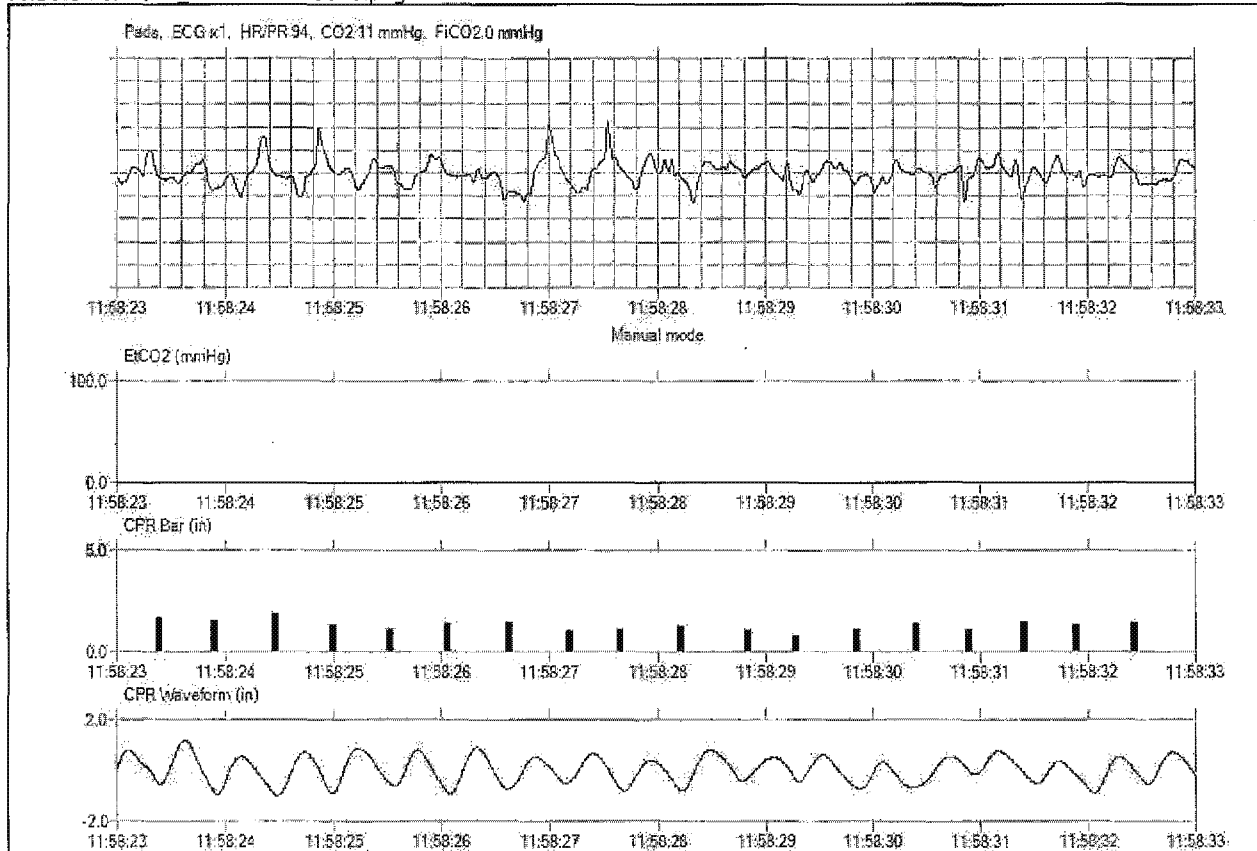
Patient Name: Unknown, Male
Unit Number: S98

Incident Number: LAC22148094
Incident/Patient: (ALS) Patient
Disposition: Treated,
Transported

Sequence Number: CF2205040488
Rec Facility: SFM Saint
Francis Medical
Center

Time: 05/04/2022 11:58:28

File Name: ZOLL_20220504115828.png



Date/Time: 05/04/2022 11:21:09
EMS Agency Name: LACoFD
Patient Name: Unknown, Male
Unit Number: S98
Incident Number: LAC22148094
Incident/Patient Disposition: (ALS) Patient Treated, Transported
Sequence Number: CF2205040488
Rec Facility: SFM Saint Francis Medical Center

Time: 05/04/2022 12:00:58

File Name: ZOLL_20220504120058.png



Arrest Details

Advance Directives: N - No

Cardiac Arrest: Yes, Prior to EMS Arrival

Cardiac Arrest Etiology: Trauma - TR

Arrest Witnessed By: Witnessed by Law Enforcement

EMS CPR Time: 05/04/2022 11:30:49

Type of CPR Provided: Compressions-Continuous; Ventilation-Bag Valve Mask

CPR Care Provided Prior to EMS Arrival: No

First Monitored Arrest Rhythm of the Patient: PEA
Reason CPR/Resuscitation Discontinued:

Any Return of Spontaneous Circulation: No

AED Use Prior to EMS Arrival: No

Date/Time: 05/04/2022 11:21:09 Patient Name: Unknown, Male Incident Number: LAC22148094 Sequence Number: CF2205040488
 EMS Agency Name: LACoFD Unit Number: S98 Incident/Patient Disposition: (ALS) Patient Treated, Transported Rec Facility: SFM Saint Francis Medical Center

Physical**Exams**

Date/Time of Assessment	Airway/Facility	Breathing	Lung Exam Summary	Level of Consciousness	Skin	Head	Eye Exam	Chest Assessment	Chest/Lungs Assessment	Abdomen	Extremities	Back/Spine
11:46:29	Airway - Patent	A - Apnea		Unresponsive (U)	F - Flush	Puncture	Unilateral - Pinpoint	Puncture	Puncture			Upper Leg - Leg-Upper-Right: Puncture; Gunshot wound with tourniquet placed over

Special Circumstances

Suspected Abuse/Neglect?:

Suspected ETOH?:

Suspected Drugs?: N/A or Not Recorded

Recreational Substance History**Vitals**

Date/Time Vital Signs Taken	Vitals Crew Members ID	Blood Pressure	Heart Rate/Pulse	Respiratory Rate	O2	Pain Scale Score	ETCO2
11:38:00	SCHAEFER, PATRICK (P41470)	/	117	6	0		11
11:40:53	SCHAEFER, PATRICK (P41470)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	0	
11:44:08	SCHAEFER, PATRICK (P41470)	/			Not Applicable	0	
11:48:00	SCHAEFER, PATRICK (P41470)	/	26				
11:52:58	SCHAEFER, PATRICK (P41470)	/	118				0
11:54:58	SCHAEFER, PATRICK (P41470)	/	99				7
11:56:28	SCHAEFER, PATRICK (P41470)	/	57				0
11:58:28	SCHAEFER, PATRICK (P41470)	/	94	5			11
12:00:58	SCHAEFER, PATRICK (P41470)	/					0

Airway Confirmations**Transfer of Care**

Care Transferred To: F - Facility

Facility Name: SFM Saint Francis Medical Center

Facility Code: 20446

Date/Time: 05/04/2022 11:21:09
EMS Agency Name: LACoFD
Patient Name: Unknown, Male
Unit Number: S98
Incident Number: LAC22148094
Incident/Patient Disposition: (ALS) Patient Treated, Transported
Patients Transported: 1
Sequence Number: CF2205040488
Rec Facility: SFM Saint Francis Medical Center
Code 3: Code 3
Transport Mode:

Transfer of Care Airway

Narrative

Paramedic Narrative: Aox to find pt laying supine on freeway in severe distress
CC of cardiac arrest resulting from penetrating trauma
Upon our arrival, pt aox0, 1/1/1 gcs
Ems was initially called to scene for pt running onto freeway as part of an apparent suicide attempt
Lunging in front of traffic
CHP arrived at patient before our arrival at scene and engaged with patient
By the time we arrived at pt, he had suffered multiple gunshot wounds and was pulseless with only agonal breathing
After two agonal breaths, pt became pulseless and apneic
Pt chest exposed, placed on pads and rhythm assessed
Pt found to be in PEA at approx 30 bpm
Compressions begun immediately, with opa placement and bvm therapy initiated at the same time
Once more resources arrived on scene, medics were able to move from BLS to ALS interventions
Head to toe assessment completed
CHP stating they fired a grazing shot at pts head, laceration noted to occipital
GSW noted to upper right chest
CHP also stating pt has GSW to right thigh, though wound never visualized by ems
Tourniquet placed by CHP, who state that wound is directly beneath tourniquet so it was left in place
Fourth gsw noted to left lower leg
Two attempts at IO insertion in right proximal tibia, but IO needle broke on both attempts
Third attempt at insertion at left proximal tibia, this time successful
Fluid resuscitation begun
Chest seal placed over gsw to upper right chest
LS absent with BVM
Needle thoracostomy performed on affected side, mid axillary
Significant blood return from catheter after insertion
Rhythm and pulse checks continued to be performed during this time, no shockable rhythm ever noted
Ambulance arrival time at scene delayed due to access issues and freeway traffic, hence transport delay
Immediately upon ambulance arrival on scene, pt loaded and transport initiated to sfm
Pt monitored en route to sfm where transfer of care was performed with ER staff
All times approximate


Signatures

Type of Person Signing: EMS Primary Care Provider (for this event)

Signature Reason: EMS Provider

Date/Time of Signature: 05/04/2022 11:24:10

Signature Graphic:



Name: SCHAEPER, PATRICK

Controlled Substances

Controlled Substances

Date/Time: 05/04/2022 11:21:09	Patient Name: Unknown, Male	Incident Number: LAC22148094	Sequence Number: CF2205040488
EMS Agency Name: LACoFD	Unit Number: S98	Incident/Patient Disposition: (ALS) Patient Treated, Transported	Rec Facility: SFM Saint Francis Medical Center

Intentionally left blank if none given.

Attachments

File Name: 20220504113554_AR15C012729
Modified By: ADAM DIGBY
Modified On: 05/04/2022 16:14:22


Benchmark	Your Patient Has Expired	CHECK OFF	Time Task Completed Initial Entry
10-25 Min. After your patient is pronounced	Your Patient Expires <ul style="list-style-type: none"> • Curtains are drawn for patient privacy • Family is notified of the death if they are not present • Patient is carefully arranged in bed for viewing. • If no family is coming, patient goes to the morgue. If family is present at time of death, call for a chaplain from Spiritual Care Services Ericsson 7660 Office 8515	✓	MW 1209
Mandatory CALLS WITHIN 1 HOUR OF THE DEATH	4. Report the Death to the Decedent Affairs Desk Ext 8622 5. FAX a copy of the "Record of Death" form to (310) 900-8880 6. Notify/Page the Administrative House Supervisor 4. Call OneLegacy- Organ Donor Representatives 1-800-338-6112	✓	MW 1222
WITHIN 2 HOURS OF THE DEATH	<ul style="list-style-type: none"> • MD and Consultants are Notified • "Is your Patient a Coroner Case?" *Check Green Sheet* • Give family "Comfort In Your Time of Loss" Booklet • Patient is cleaned and enshrouded 	✓	MW 1245
WITHIN 3-4 HOURS OF THE DEATH	<ul style="list-style-type: none"> • Belongings/Valuables gathered and tagged • Inventory form is completed for any personal property • Money, cell phones, items of value goes to the hospital safe In Admitting – Not to the Morgue. • Transport is called to the unit for discharge to the morgue • Transporter with RN at bedside confirms ID is on wrist, toe, and shroud; <u>all 3 match</u>. • At the 3-Hour mark the patient must go to the morgue to preserve them for their funeral. • At the 4-Hour mark the patient's medical chart must go to Decedent Affairs/Nursing Administration to prepare their release to mortuary or coroners. 	✓	MW 1250

This checklist was completed by:

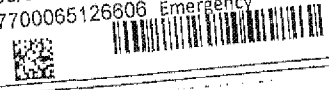
Staff Signature [Signature] Date/Time 05/04/2022 P 1253

Print Name MOSES NZEOGH

Addressograph

 St. Francis Medical Center

Expired Patient Check-off List
 Revision 04/2018

LA ST FRANCIS MEDICAL CENTER
 Trauma, Southsudan One
 Att Dr: Randy E Woo, MD
 05/04/24 U 148 y.o.
 7700065126806 Emergency
 112266444
 05/04/22


St. Francis Medical Center 3630 East Imperial Highway, Lynwood, CA 90262 310-900-8900							
ADMISSION/REGISTRATION							
Patient Trauma, Southsudan One Preferred Name		Medical Record # 112266444		CSN# 7700065126606		Hospital Acct # 706000149224	
						Fin Class/Reimb Type GOVT/	
Admit/Serv Dt Time 5/4/2022 1159		IP Admit Dt/Time N/A N/A		ED Arr Dt Time 5/4/22 1159		Disch Dt Time 5/4/2022 1834	
						Room/Bed TRAUMA 02	
						Location SFMC ER	
						Service Emergency Medicine	
Pt Class Emergency		Arrival Mode ALS Ambulanc		Point of Origin Home		Priority Trauma Center	
						Primary Care None Pop, MD	
						Office Phone None	
Chief Complaint TRAUMA			Admission Diagnosis			User MNZEOGU	
Emergency Physician Randy E Woo		Office Phone 310-900-4525		Attending Physician		Office Phone	
				Admitting Physician		Office Phone	
PATIENT				PATIENT EMPLOYER			
SSN xxx-xx-0001		DOB 5/4/1874		Age 148 y.o.		Sex U	
Race Unknown		Ethnicity Unknown		MS Unkn		Religion Unknown	
Address: UNKNOWN LYNWOOD, CA 90262				Preferred Unknown		Maiden Other	
				Alternative Address: Care of:			
Home Phone: 999-999-9999				Cell Phone:			
GUARANTOR				GUARANTOR EMPLOYER			
Name: TRAUMA, SOUTHSUDAN ONE				SSN: xxx-xx-0001			
Address: UNKNOWN LYNWOOD, CA 90262							
Home Phone: 999-999-9999							
Relationship to Patient: Self							
				Employer: Address:			
				Work Phone: Occupation:			
EMERGENCY CONTACT 1				EMERGENCY CONTACT 2			
Relationship to Patient: Other				Relationship to Patient:			
Name: UNK, UNK				Name: "No Contact Specified"			
Address:				Address:			
Home Ph:				Home Ph:			
Work Ph:				Work Ph:			
Cell Ph: 999-999-9999				Mobile ph:			
Insurance # 1						Authorization	
Payor/Plan: TRAUMA /TRAUMA PATIENT						Subscriber: TRAUMA, SOUTHSUDAN O*	
						Pat Rel to Subscriber: Self	
Address: 10100 PIONEER BLVD #200 SANTA FE, CA 90670-8299						Group Name:	
						Group Number: 0001	
						Subscriber ID: 000000	
Insurance # 2						Authorization	
Payor/Plan: /						Subscriber:	
DOB:						Pat Rel to Subscriber:	
Address:						Group Name:	
						Group Number:	
						Subscriber ID:	
OTHER INFO							
Organ Donor: N		Influenza Vaccine this Season?		Accident Occurrence:			
Primary Isolation: No active isolations		Pneumococcal Vaccine ever?		ONSET OF SYMPTOMS/ILLNES* Date: 5/4/2022			

CSN:

Printed: 5/4/22 8:19 PM



Date of Death: 05/04/2022 Time: 1208 Unit/Room: T-2 ☐ Code Blue ☐ Armband ☐ DNR ☐ In Restraints ☐ Restraints w/in 24hrs

P A T I E N T	First Name: <u>Southsudan One</u>	Last Name: <u>Trauma</u>	Medical Record # <u>112266444</u>
	Age: <u>unk</u>	Date of Birth: <u>unk</u>	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Fetal-Unknown <input type="checkbox"/>
	Home Address: <u>unk</u>		Ethnicity: <u>Hispanic</u>
	City: <u>unk</u>		Home Phone#: <u></u>
M D S	Primary MD: <u>unk</u>	Phone: <u></u>	Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
	Consult MD: <u>unk</u>	Phone: <u></u>	Autopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
	MD to Sign Death Certificate: <u></u>	Phone: <u></u>	Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
			Autopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
A D M I T	Date Patient Admitted: <u>5/4/2022</u>	Time Admitted: <u>1159</u>	
	Patient Diagnosis: <u>Cardiac Arrest. Cardiac Tamponade</u>	FROM: ER <input type="checkbox"/> MD Office <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other: <u>street</u>	
O R G A N I Z A T I O N	I notified organ donor contact at OneLegacy At hotline number: 1-800-338-6117 The number given to me was: <u>R 2205-00746</u> Date: <u>05/04/22</u> Time: <u>1236</u>	My Signature: <u>MOSES NZEOGU</u> Print Name: <u></u> Position: <u>RN</u>	
	Significant Other to this Patient - Family, Friends, or Legal Guardian		
F A M I L Y	Name: <u></u>	Relation: <u></u>	Phone: <u></u>
	Name: <u></u>	Relation: <u></u>	Phone: <u></u>
	Notification of Family/Friend - Notified By (Staff Name and Position): <u></u>		Date: <u></u> Time: <u></u>

Does the Patient Family Request An Autopsy? ☐ NO ☐ YES ☒ UNKNOWN AT THIS TIME
 If Yes, MD must write an order in Progress Notes and family must sign an Autopsy Consent Form. The entire 3 part Autopsy Consent and Record of Patient Death must be delivered with the chart to Nursing Administration within 2 hours of Patient's demise. Only patients with MDs who have privileges at SFMC will be autopsied. Payment may be required.

C O R O N E R	Patients who expire within 24 hours of admission, post-surgery, 24 hours after an ER Admit, victims of accidents (cars, falls, or violent crime) may be considered a Coroner Case. If no physician will sign the patient Death Certificate the patient is to be considered a Coroner investigation. Case # is: <u>2022-04841</u>	Deputy Name: <u></u>
	Process in this manner: Complete a Form 18 and sign it. Call the Coroner at 1-323-343-0711 to report the death. Write the Coroner case number on form. Have the entire chart for this admission copied by Medical Records ASAP. Fax Record of Death and facesheet to (310)900-8880. The patient chart copy, the original Form 18, and the Patient Death Form are to be brought to Decedent Affairs ASAP.	
M O R T U A R Y	Plans Being Made for Patient's Mortuary Services - Please Check an Area	
	Patient's Family/Legal Representative has already made arrangements with a mortuary, they are as follows:	
	Name of Mortuary: <u></u> Address: <u></u> Signature of Family Member: <u></u>	Phone Number: <u></u> Relation: <u></u>
	<input type="checkbox"/> No arrangements have been made. Family will call Decedent Affairs (310) 900-8622 with their information.	

Released Date: <u></u>	Mortuary Rep: <u></u>	Mortuary: <u></u>
Time: <u></u>	SFMC Witness: <u></u>	Mortuary Address: <u></u>
		Phone #: <u></u>

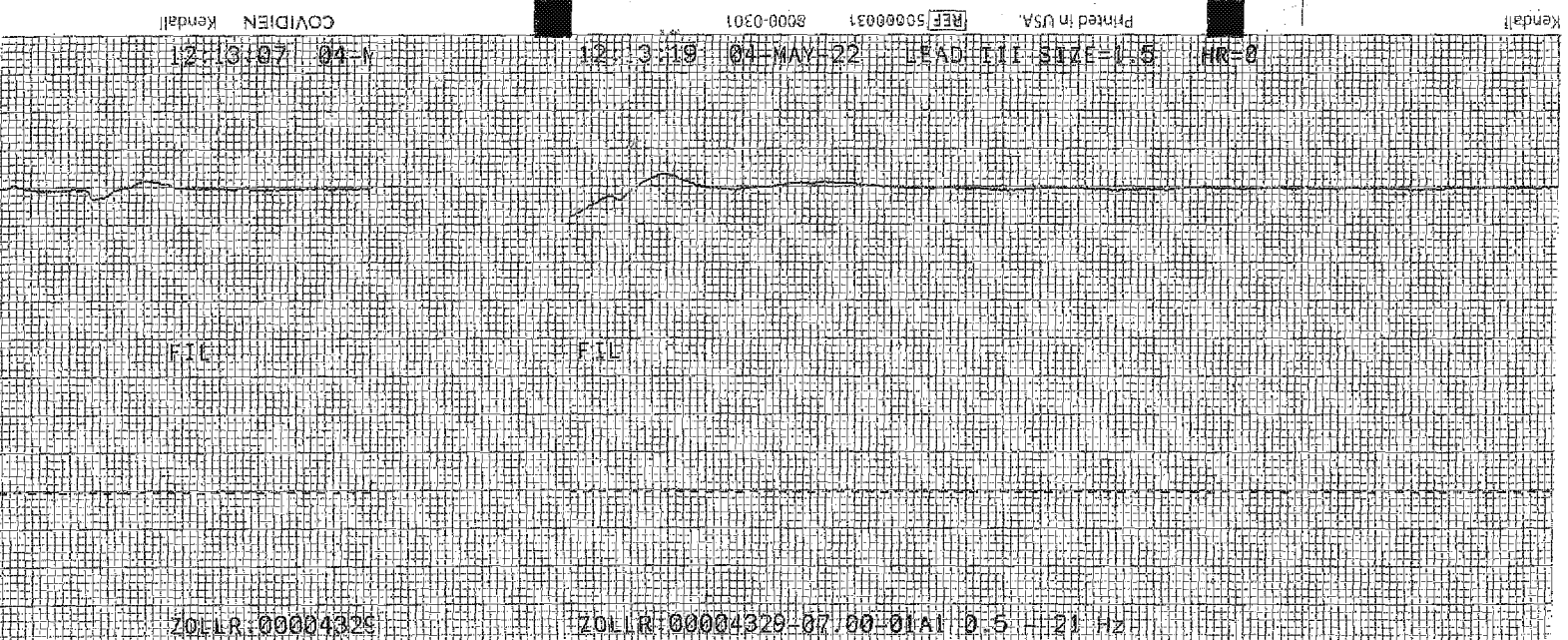
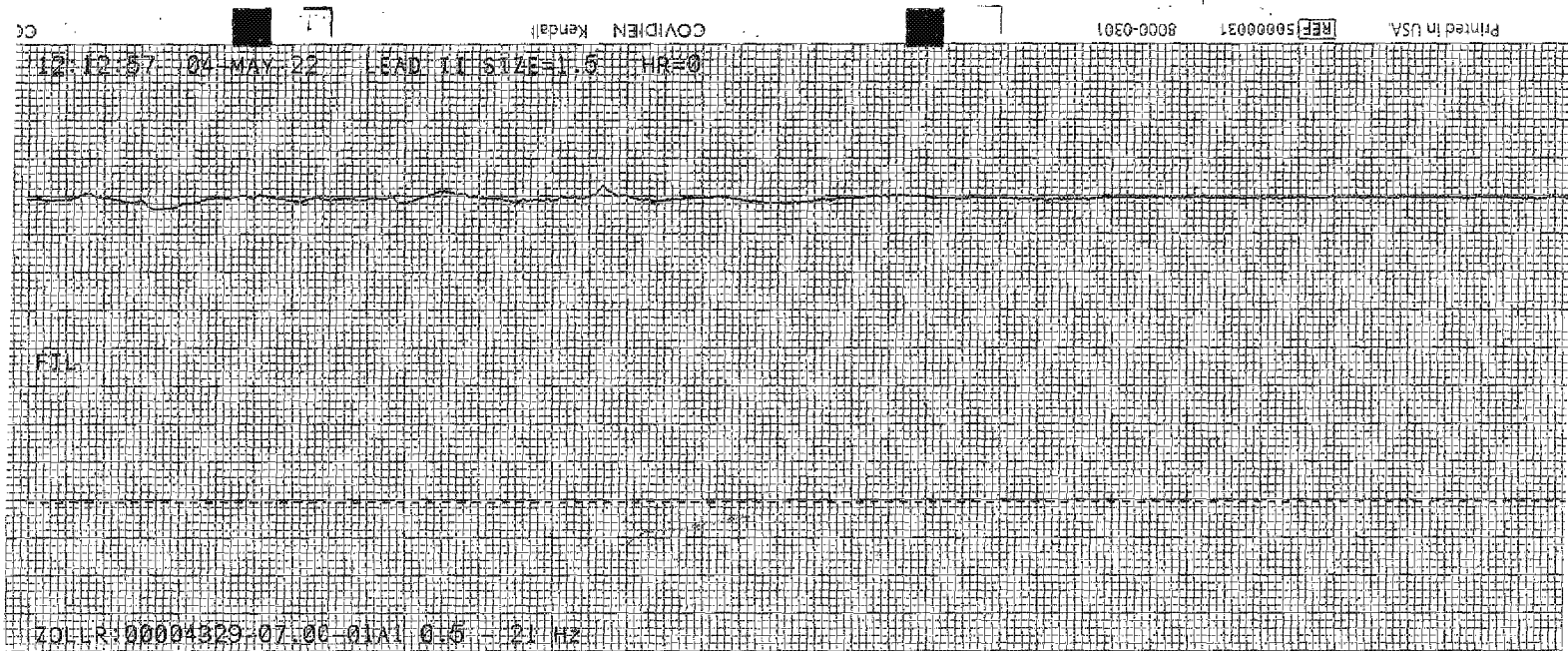
 St. Francis Medical Center

Record of Patient Death

LA ST FRANCIS MEDICAL CENTER
 Trauma, Southsudan One
 Att Dr: Randy E Woo, MD
 05/04/24 U 148 y.o.
 7700065126606 Emergency
 112266444
 05/04/22

AHS 7800 & DECEDENT AFFAIRS 8622

REPORT THIS DEATH NOW!



SIT
SIGNATURE
X

St. Francis Medical Center



PATIENT IDENTIFICATION
LA ST FRANCIS MEDICAL CENTER

Trauma, Southsudan One
Att Dr: No att. providers found
05/04/74 U 148 y.o. 112266444
7700065126606 Emergency

MONITOR STRIPS RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER

HOSPITAL AND NURSING
CARE FACILITY REPORT

1104 NORTH MISSION ROAD
LOS ANGELES, CALIF. 90033

18

TO REPORT A DEATH — PHONE (323) 343-0711 FAX (323) 222-7041
COMPLETE ALL LINES, USE INK. IF UNKNOWN OR NOT APPLICABLE, SO STATE.

Saint Francis Medical Center
NAME OF FACILITY

CC# _____

ADDRESS 3630 East Imperial Hwy HOSPITAL PHONE # 310) 900-8900
NAME OF DECEDENT Trauma Southsudan one
SOURCE OF IDENTIFICATION _____ DOB unk AGE unk SEX Male RACE Hispanic
DATE OF DEATH 05-04-2022 TIME 1208
PRONOUNCED BY Dr Strumwasser MEDICAL RECORD OR PATIENT FILE # 112266444

ALL ADMISSION BLOOD SAMPLES/SPECIMENS NEED TO BE HELD FOR
THE CORONER OR ACCOMPANY DECEDENT/DO NOT DISCARD

DATE ENTERED HOSPITAL 05/04/2022 TIME 1159
☐ SELF ☒ AMBULANCE (NAME OF A.M.A.) 3205040488 ☒ ER DEATH? ☐ IN PATIENT DEATH?
FROM The street/freeway
(STATE WHETHER HOME, HOSPITAL OR OTHER) GIVE ADDRESS (IF HOSPITAL ATTACH THEIR HISTORY)

ADMITTED BY: WOO M.D. PRIMARY ATTENDING PHYSICIAN Strumwasser M.D.
OFFICE PHONE # _____ OFFICE PHONE # _____

INJURIES G SW x 3, Right chest, Right thigh, Left tibia
DATE 5/4/22 TIME 1159 (TRAFFIC, FALL, ETC.)

DESCRIBE INJURIES:
pt arrived in traumatic full arrest and asystole, CPR in progress. According to the paramedics, it was possibly suicidal as he was running around on the 105 freeway. Medics also said that pt was hit by a big rig and also a car and he was also shot three times by the CHP. Three gunshot wounds noted on the right chest, right thigh and left tibia. Multiple attempts to resuscitate pt were unsuccessful, pt was pronounced dead at 1208.

SURGICAL PROCEDURES: STATE TYPE, DATE, TIME AND RESULTS OF ANY OPERATION OR AMPUTATION PERFORMED

WAS A BULLET OR OTHER FOREIGN OBJECTS RECOVERED? SPECIFY _____

LABORATORY: REPORT ON PATHOLOGY SPECIMENS TAKEN _____ DATE & TIME _____

LABORATORY PHONE NUMBER _____

MICROBIOLOGY CULTURE RESULTS: _____ NO _____ YES (ATTACH REPORT)

TOXICOLOGY SCREEN: _____ NO _____ YES (ATTACH RESULTS)

RADIOLOGICAL STUDIES: _____ NO _____ YES (ATTACH RESULTS)

REMARKS: ESPECIALLY SYMPTOMS PRECEDING AND DURING TERMINAL EPISODE

IN MY OPINION, THE CAUSE OF DEATH IS: _____

BY _____ M.D. -OR- _____

NURSE/HOSPITAL ADMINISTRATOR

OFFICE PHONE # _____ OFFICE PHONE # _____

SUSPICIOUS INJURY REPORT


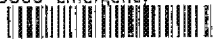
STATE OF CALIFORNIA

California Office of Emergency Services

Cal OES 2-920

Confidential Document


Penal Code Section 11160 requires that if any health practitioner, within 24 hours of receiving the information to a local law enforcement agency submitting the written report.

LA ST FRANCIS MEDICAL CENTER	
Trauma, Southsudan One	
Att Dr: No att. providers found	
05/04/74 U 148 y.o.	112266444
7700065126606 Emergency	
	

This form is used by law enforcement only and is confidential in accordance with Section 11163.2 of the Penal Code. In no case shall the person identified as a suspect be allowed access to the injured person's whereabouts.

Part A: PATIENT WITH SUSPICIOUS INJURY			
1. Name of Patient (Last, First, Middle)	2. Birth Date	3. Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F	4. SAFE Telephone Number ()
5. Patient Address (Number and Street / Apt - No P.O. Box)		City	State Zip
6. Patient Speaks English <input type="checkbox"/> Yes <input type="checkbox"/> No If No, identify language spoken: <u>UNK</u>		7. Date and Time of Injury Date: <u>5/4/22</u> Time: <input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> unknown	
8. Location / Address Where Injury Occurred, if Available. Check here if unknown: <input type="checkbox"/> <u>1051 Garfield</u>			
9. Patient description of the incident. Include any identifying information about the person the patient alleges caused the injury and the names of any persons who may know about the incident. <u>35yo attempted SI hit by 1 car</u> <u>4 GSW, Rt chest / thigh</u> <u>by CHP Lt</u>			<input type="checkbox"/> Additional Pages Attached
10. Name of Suspect, if Identified by the Patient		11. Relationship to Patient. <input checked="" type="checkbox"/> No Relationship	
12. Suspicious Injury Description. Include a brief description of physical findings, lab tests completed or pending, and other pertinent information. <u>Dr. Strumwasser, Trauma MD</u> <u>Dr. WOO, Dr. Emergency dpt.</u> <u>Moses, RN</u> <u>TOD 12:08</u>			

Part B: REQUIRED - AGENCIES RECEIVING PHONE AND WRITTEN REPORTS			
13. Law Enforcement Agency Notified By Phone (Mandated by PC 11160)		14. Date and Time Reported Date: <u>5/4/22</u> Time: <u>12:01</u> am <input checked="" type="radio"/> pm	
15. Name of Person Receiving Phone Report (First and Last)	16. Title <u>CHP Portillo</u>	17. Phone Number <u>(323) 980-4600</u>	
18. Law Enforcement Agency Receiving Written Report (Mandated by PC 11160) <u>East LA CHP</u>		19. Agency Incident Number	

Part C: PERSON FILING REPORT			
20. Name of Health Practitioner (First and Last) <u>Veronica Acosta</u>		Title <u>LSW</u>	Telephone <u>310 900 7856</u>
21. Employer's Name <u>St Francis Medical Center</u>		Phone Number <u>310 900 4525</u>	
22. Employer's Address (Number and Street) <u>3630 E Imperial Hwy</u>		City <u>Lynwood</u>	State <u>CA</u> Zip <u>90262</u>
23. HEALTH PRACTITIONER'S SIGNATURE: 		24. Date Signed: <u>5/4/2022</u>	

TIME OF ACTIVATION: 1144 TIME OF ARRIVAL: 1159 DATE: 5/4/22
MODE OF ARRIVAL: ☐ PRIVATE VEHICLE ☒ AMBULANCE ☐ WALK-IN ☐ AIR
SEQUENCE # 2205040488 RA/SQUAD # 98 CITY OF INJURY/
ZIP CODE: _____

TRAUMA TEAM			
<input checked="" type="checkbox"/> TIER I <input type="checkbox"/> TIER II <input type="checkbox"/> TIER III <input type="checkbox"/> OB <input type="checkbox"/> CONSULT <input type="checkbox"/> NOT NOTIFIED <input type="checkbox"/> UPGRADE TIER I-II _____			
Responders Arrived	NOTIFIED	ARRIVED	
ANESTHESIOLOGIST	<u>1144</u>	<u>1150</u>	MD NAME <u>Sutyrave</u>
EMERGENCY MEDICINE	<u>1144</u>	<u>1154</u>	MD NAME <u>WDD</u>
TRAUMA SURGEON	<u>1144</u>	<u>1153</u>	MD NAME <u>Stummwasser</u>
TRAUMA NURSE CLINICIAN	<u>1144</u>	<u>1149</u>	NAME <u>Matt/Seifer</u>
OR NURSE <u>WABlow</u>	<u>1144</u>	<u>1152</u>	NAME <u>WABlow</u>
CCRN			NAME
L&D NURSE			NAME
OTHER: <u>MAP</u>	<u>1144</u>	<u>1151</u>	NAME <u>Fgbiola</u>

MECHANISM OF INJURY	
<input checked="" type="checkbox"/> Auto: <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist	<input type="checkbox"/> Ejection <input type="checkbox"/> Extrication <input type="checkbox"/> PSI _____
<input type="checkbox"/> Seat Belt: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Air Bag <input type="checkbox"/> PSI _____	<input type="checkbox"/> MC: Speed (mph) _____ <input type="checkbox"/> Bicycle: Speed (mph) _____
<input type="checkbox"/> Helmet: <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> Full	<input type="checkbox"/> Stab <input checked="" type="checkbox"/> GSW <u>X3</u> <input type="checkbox"/> Assault
<input type="checkbox"/> Crush <input type="checkbox"/> Burn <input type="checkbox"/> Fall _____ ft <input type="checkbox"/> Impalement	<input type="checkbox"/> Found Down <input type="checkbox"/> Industrial Accident
<input type="checkbox"/> Suspected Abuse: <input type="checkbox"/> Child <input type="checkbox"/> Elder <input type="checkbox"/> IPV	<input checked="" type="checkbox"/> Other <u>Suicidal</u>

PRE-HOSPITAL INFORMATION		
<input checked="" type="checkbox"/> Bag Valve Mask	<input type="checkbox"/> Backboard	<input type="checkbox"/> Estimated Blood Loss (EBL) _____
<input type="checkbox"/> C-Collar	<input type="checkbox"/> Blood Glucose _____	<input checked="" type="checkbox"/> <u>no left tibia</u>
<input type="checkbox"/> Combitube	<input checked="" type="checkbox"/> Needle Thoracostomy: <u>R/L/B</u>	<input type="checkbox"/> Meds: _____
<input checked="" type="checkbox"/> CPR	<input type="checkbox"/> Splint	<input checked="" type="checkbox"/> Vitals <u>90</u>
<input type="checkbox"/> Intubation _____ FR _____ CM	<input type="checkbox"/> Tourniquet: Time _____	
<input type="checkbox"/> Oxygen _____ l/min via _____	<input type="checkbox"/> Traction _____	

PATIENT INFORMATION	
Age <u>33</u> Sex <u>Male</u> Height <u>58"</u> estimated/stated Weight <u>250</u> lb/kg estimated/stated Broselow Tape Color _____	Ethnicity <u>Hispanic</u> Tetanus Status <u>unknown</u> ALLERGIES: <u>unknown</u>
PREVIOUS MEDICAL HISTORY: <input type="checkbox"/> DM <input type="checkbox"/> HTN <input type="checkbox"/> CHF <input type="checkbox"/> ESRD <input type="checkbox"/> CVA <input type="checkbox"/> OTHER <u>unknown</u>	
MEDICATIONS: <u>unknown</u>	

PSYCHOSOCIAL	
<input type="checkbox"/> Family Notified Contact: _____ Number: _____	<input type="checkbox"/> SBIRT +/- Screening Tool _____ Referred Y / N _____ <input type="checkbox"/> Abuse/violence screening +/- Reported _____
<input type="checkbox"/> Social Worker <input type="checkbox"/> Police _____ <input type="checkbox"/> Report# _____	<input type="checkbox"/> DCFS <input type="checkbox"/> SART <input type="checkbox"/> DAPS <input type="checkbox"/> Other _____

Nurse Name	Signature/Title	Initials
<u>MOSES NZEUGU</u>	<u>[Signature]</u> RN	<u>MS</u>

[illegible]

PROCEDURES	Time	Size	By	Comments/Results
Intubation	1200		Sutcliffe	<input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Color CHG +/-
Cricothyroidotomy				
Chest Tube B / L / B	1202		WDO	
Thoracotomy R / L / B	1200		Strumwiese	
#1 IV/Saline Lock	1208	18	Benifer	Site: <u>RA</u> D/C Time:
#2 IV/Saline Lock	1207	20	Matt	Site: <u>LA</u> D/C Time:
MTP Initiated				D/C Time:
Central Line				Site: D/C Time:
Intraosseous	PTA		Medics	Site: <u>Osibia</u> D/C Time:
Warming Measures		<input type="checkbox"/> Blankets <input type="checkbox"/> Bair Hugger <input type="checkbox"/> Rapid Infuser		
FAST/E-FAST/Limited FAST				<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Gastric Tube				<input type="checkbox"/> Oral <input type="checkbox"/> Nasal
Foley Catheter				Blood <input type="checkbox"/> Positive <input type="checkbox"/> Negative
Splints				Site: D/C Time:
Other				Site: D/C Time:
Pelvic binder				Site: D/C Time:
Tourniquet				Site: D/C Time:
Laceration repair				Site:
Traction				Site: D/C Time:
Ventilator	Vt	FiO2	Rate	Mode

SERIAL HEMOCUE	
LABS	TIME
TRAUMA PANEL I, II, III	
<input type="checkbox"/> TEG <input type="checkbox"/> Troponin <input type="checkbox"/> ABG	
<input type="checkbox"/> KB <input type="checkbox"/> LACTATE	
<input type="checkbox"/> Serum / Urine Preg.	
RADIOLOGY	TIME
CXR	
PELVIS X-RAY	
EXTREMITY	
CT: HEAD / FACE	
CT C-SPINE	
CT CHEST	
CT ABD/PELVIS	
CTA/ANGIOGRAM/EMBOLIZATION	
OTHER	
OTHER	





3030 East Imperial Highway
Lynwood, California 90262
Telephone: 310 900 8610

Patient MR#: _____ ACU # _____ Unit# W2021 2255592-7
Patient Name: _____ Component: Form ML Volume: _____ cc
Sex: _____ Birthdate: _____ Location: _____ ABO/Rh: O Neg Expiration Date: 5/14/2
Ordering Physician: _____ Antibody Screen: Incomplete
Request #: _____ KDU # _____ Major Crossmatch is: NOT APPLICABLE
Patient Antibodies: _____ Remarks: _____
Patient Instructions: _____ Tech: JP 5/14/2

INSURE/RETURN RECORDS: Inspect for appearance color, clots, hemolysis and intact entry ports

DATE	INSURED BY	RECEIVED BY	RECEIVED BY	DATE	TIME	RECEIVED BY	DATE	TIME	TECH/TEST
1	<u>JP</u>	<u>OK</u>		<u>5/14</u>	<u>145</u>				
2									
3									

TRANSFUSION ADMINISTRATION RECORDS

YES NO (If no, please explain)

1. M.D. order on chart
2. Legal Consent Obtained
3. Patient name and DOB confirmed verbally by patient or nurse

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

I confirm that immediately before starting the transfusion two (2) licensed personnel have individually checked the patient name and ID number on the wrist band and that it matches exactly the name and ID number on the transfusion administration form and compatibility tag on the blood product.

Signature: _____
Signature: _____

If applicable:
Removed from Cooler:

Date:	Time:
Date:	Time:
Date:	Time:

Signature: _____
NOT GIVEN Spiked
and
Primec

Vital Signs	Temp	Pulse	Resp	BP	Date	Time	Initials
Pre-transfusion							
15 Minutes after Start							
Post-transfusion							

Patient constantly monitored for 1st 15 minutes ☐ YES ☐ NO Comments: _____

Reaction: ☐ NO ☐ YES Time of onset: _____ TRANSFUSION REACTION suspected, please complete information below:

SIGNS AND SYMPTOMS	ACTIONS
1. <input type="checkbox"/> Respiratory Distress/S.O.B/Dyspnea	1. Slow Transfusion. Notify Physician
2. <input type="checkbox"/> Rash/Itching	2. Slow Transfusion. Notify Physician (who may elect to give antihistamines)
3. <input type="checkbox"/> Fever: Highest _____ <input type="checkbox"/> Shaking Chills <input type="checkbox"/> Chest or Back Pain <input type="checkbox"/> Nausea <input type="checkbox"/> B.P. change <input type="checkbox"/> Hematuria <input type="checkbox"/> Other - Explain _____	3 STOP TRANSFUSION. Maintain IV, T.K.O. with saline IMMEDIATELY Notify Physician. Notify Blood Bank. Send blood bag, tubing, completed form and post transfusion urine sample to the laboratory.
Signature: _____	LABORATORY DIRECTORS

Trauma, Southsudan One (MRN 112266444) DOB: 05/04/1874

Encounter Date: 05/04/2022

Trauma, Southsudan One

MRN: 112266444

ED 5/4/2022 (6 hours)

Last attending: Randy E Woo, MD • with Treatment team

Status: Discharged

Primary impression: Cardiac arrest

SFMC Emergency Room

Chief complaint: Trauma

ED Provider Notes

Lorraine Rowe, ER Scribe • Emergency Medicine

Unsigned

Procedure Orders

1. Chest Tube [278235162] ordered by Randy E Woo, MD

 St. Francis Medical Center

3630 EAST IMPERIAL HIGHWAY
LYNWOOD CA 90262
310-900-8900

Emergency Department Provider Note

Date of Service: 5/4/22

Provider: Randy Woo, MD

Southsudan One Trauma

MRN: 112266444 Acct# 706000149224

HISTORY OF PRESENT ILLNESS

CC: Trauma

HPI:

Southsudan One Trauma is a 148 y.o. adult brought in by ambulance from running around on 105 freeway for traumatic full arrest, s/p being shot by CHP 3 times with GSWs to right chest, right thigh and tight shin. Per EMS, pt was believed to have SI and was on the freeway attempting to be hit by cars. Unknown if pt was hit by a car. Per Ems, pt was GCS 3 on scene and on the monitor he never had a shockable rhythm and was asystole en route. Compressions started on scene and fluids administered en route.

History: unknown

PCP is No PCP, MD None

History is provided by: EMS

History is limited by: Unable to complete full history due to: Cardiac Arrest

REVIEW OF SYSTEMS

Trauma, Southsudan One (MRN 112266444) DOB: 05/04/1874

Encounter Date: 05/04/2022

Review of Systems

Unable to complete full ROS due to: Cardiac Arrest

PAST MEDICAL HISTORY

History:

No past medical history on file.

No past surgical history on file.

Social History

Tobacco Use

- Smoking status: Not on file
- Smokeless tobacco: Not on file

Substance Use Topics

- Alcohol use: Not on file
- Drug use: Not on file

No family history on file.

Previous Medications

No medications on file

Allergies: Southsudan One Trauma has no allergies on file.

PMH, PSH, SH reviewed. Agree or addended above.

PHYSICAL EXAMINATION

Triage Vitals	
Temp	
BP	
Pulse	
Resp	
SpO2	
Weight / BMI:	There is no height or weight on file to calculate BMI.

PHYSICAL EXAM:

CONSTITUTIONAL: Patient is lying on gurney and is unresponsive, GCS 3.

HEAD: Head is atraumatic

EYES: Pupils are fixed and nonreactive

ENT: Oropharynx is clear and patent

NECK: Supple. No masses

RESPIRATORY CHEST: Apneic, GSW to right chest

CARDIOVASCULAR: No heart sounds heard. No palpable carotid or femoral pulses

ABDOMEN: Soft, non-distended. No masses

EXTREMITY: no edema, no deformity, GSWs to right thigh and shin.

NEURO: Unresponsive to external stimuli

SKIN: Pale. No jaundice. No diaphoresis. Prolonged capillary refill

Results

Trauma, Southsudan One (MRN 112266444) DOB: 05/04/1874

Encounter Date: 05/04/2022

Lab results:

Labs Reviewed

CBC W/ AUTO DIFF

BASIC METABOLIC PANEL

APTT

PROTIME-INR

TROPONIN I

URINALYSIS, W/ REFLEX TO MICRO AND CULT,
IF INDICATED

ETHANOL

URINE DRUG SCREEN

TYPE AND SCREEN

ED Labs reviewed independently by me.

Radiology Results:

Imaging Results

None

ED COURSE/MEDICAL DECISION MAKING

Orders Placed This Encounter

Procedures

- CHEST TUBE INSERTION
- CBC W/ AUTO DIFF
- BASIC METABOLIC PANEL
- APTT
- Prottime-INR
- Troponin I
- Urinalysis
- Ethanol
- Drugs of Abuse Screen Urine
- Pulse Oximetry
- Cardiac Monitoring
- ED 411 Tech Communication
- Type and screen

Medications - No data to display

Current Vitals:

There were no vitals taken for this visit.

MDM/ED Course:

148 y.o. adult 33 yo male with hx of psych with presumed SI and hit by a car and allegedly shot. Pt was brought in full cardiac arrest, Trauma doctor Strumwasser did full thoracotomy, I did right sided chest tube, there was no ROSC. Pt was found to have cardiac tamponade, cardiac injury and ascending aorta injury. Pt had devastating injuries and a lot of blood in his thorax. Pt was pronounced at 1208.

Trauma, Southsudan One (MRN 112266444) DOB: 05/04/1874

Encounter Date: 05/04/2022

ED Course as of 05/04/22 1255

Wed May 04, 2022

1159 Pt arrived [LR]
1200 Opening chest [LR]
1201 Intubated [LR]
1202 Chest tube placed in right [LR]
1208 Time of death [LR]

ED Course User Index

[LR] Lorraine Rowe, ER Scribe

Chest Tube

Date/Time: **5/4/2022 12:47 PM**

Performed by: **Randy E Woo, MD**

Authorized by: **Randy E Woo, MD**

Consent:

Consent obtained: **Emergent situation**

Consent given by: **Healthcare agent**

Pre-procedure details:

Skin preparation: **ChloroPrep**

Anesthesia (see MAR for exact dosages):

Anesthesia method: **None**

Procedure details:

Placement location: **R lateral**

Scalpel size: **11**

Tube size (Fr): **36**

Dissection instrument: **Finger**

Ultrasound guidance: **no**

Tension pneumothorax: **no (hemo pneumothorax)**

Drainage characteristics: **Bloody (300 cc blood drained)**

Post-procedure details:

Post-insertion x-ray findings: **tube repositioned**

Patient tolerance of procedure: **Tolerated well, no immediate complications**

-

Clinical Impression

Final diagnoses:

None

ED Disposition

Expired

{Reminder to Refresh: DO NOT REMOVE UNTIL REFRESHED BY PROVIDER}

New Prescriptions

No medications on file

No follow-up provider specified.

Trauma, Southsudan One (MRN 112266444) DOB: 05/04/1874

Encounter Date: 05/04/2022

Attestations

Scribe Attestation:

5/4/2022 12:50 PM By signing my name below, I LORRAINE ROWE (scribe), attest that this documentation has been prepared in the presence and under the direction of Randy Woo, MD
Electronically signed: LORRAINE ROWE, Scribe

Provider Attestation:

Some documentation on this chart may have been completed by the scribe at my direction. All such documentation was personally reviewed by me. Additions and corrections were made by me as appropriate. I acknowledge the chart to be accurate at this time. (The time of chart signature and attestation may not reflect the time and date of patient care.)

Other Notes

All notes



ED Notes

Moses Nzeogu, RN Emergency Medicine •
5/4/2022

Prashanth Sutrave, MD Anesthesiology •
5/4/2022

Moses Nzeogu, RN Emergency Medicine •
5/4/2022

Moses Nzeogu, RN Emergency Medicine •
5/4/2022

Moses Nzeogu, RN Emergency Medicine •
5/4/2022

Moses Nzeogu, RN Emergency Medicine •
5/4/2022



Procedures

Procedure note 5/4/2022

Additional Orders and Documentation



Results



Meds



Orders

Procedures



Flowsheets

Encounter Info: History, Allergies, Detailed Report

Clinical Impressions

Primary: Cardiac arrest I46.9

Cardiac tamponade I31.4

Disposition



Expired

Date: 5/4/2022

Patient: Southsudan One Trauma

Admitted: 5/4/2022 11:59 AM

Attending Provider: Randy E Woo, MD

Southsudan One Trauma was pronounced dead at 12:08 by Dr. A Strumwasser MD.

Trauma, Southsudan One (MRN 112266444) DOB: 05/04/1874

Encounter Date: 05/04/2022

Medication Changes

As of 5/4/2022 6:37 PM

None

Medication List at End of Visit

As of 5/4/2022 6:37 PM

None

Care Timeline

05/04 ● Trauma Documentation Start
1144

05/04 ● Arrived
1159

05/04 ● Trauma Documentation End
1208

05/04 ● Prepare RBC:
1421

05/04 ● Discharged
1834

BASE HOSPITAL FORM

Log #		Sequence # CC2205040488		Pg2	
Date: 11/40		Provider Code: 98		Age: 33 yrs	
Time: 11:40		Unit: 98		Weight: 160 lbs	
Location: Emergency		Gender: M		Height: 5'10"	
PL# of: 1		Gender: M		Hospital Code: SFM	
Date: 11/40		Provider Code: 98		Age: 33 yrs	
Time: 11:40		Unit: 98		Weight: 160 lbs	
Location: Emergency		Gender: M		Height: 5'10"	
PL# of: 1		Gender: M		Hospital Code: SFM	
PROVIDER IMPRESSION:		LEVEL OF DISTRESS: Severe		MEDS:	
CHIEF COMPLAINT CODES:				ADE <input type="checkbox"/> ALB <input type="checkbox"/> AMI <input type="checkbox"/> ASA <input type="checkbox"/> ATR <input type="checkbox"/> BEN <input type="checkbox"/> BIC <input type="checkbox"/> CAL <input type="checkbox"/> D10 <input type="checkbox"/>	
A m LAPSS		Protocol: Traumatic arrest		EPI <input type="checkbox"/> FEN <input type="checkbox"/> GLU/GLP <input type="checkbox"/> KLC <input type="checkbox"/> MID <input type="checkbox"/> Morphine <input type="checkbox"/> NAR <input type="checkbox"/> NTG <input type="checkbox"/> OOD <input type="checkbox"/>	
Met: <input type="checkbox"/> Y <input type="checkbox"/> N		Last Known Well: Big rig struck x 2		ASA <input type="checkbox"/> ATR <input type="checkbox"/> BEN <input type="checkbox"/> BIC <input type="checkbox"/> CAL <input type="checkbox"/> D10 <input type="checkbox"/>	
Date: 11/40		Time: 11:40		EPI <input type="checkbox"/> FEN <input type="checkbox"/> GLU/GLP <input type="checkbox"/> KLC <input type="checkbox"/> MID <input type="checkbox"/> Morphine <input type="checkbox"/> NAR <input type="checkbox"/> NTG <input type="checkbox"/> OOD <input type="checkbox"/>	
LAMS Score: <input type="checkbox"/> Unable		needle F PEA 30		EPI <input type="checkbox"/> FEN <input type="checkbox"/> GLU/GLP <input type="checkbox"/> KLC <input type="checkbox"/> MID <input type="checkbox"/> Morphine <input type="checkbox"/> NAR <input type="checkbox"/> NTG <input type="checkbox"/> OOD <input type="checkbox"/>	
Medical Hx: Unknown		B-10 mth		EPI <input type="checkbox"/> FEN <input type="checkbox"/> GLU/GLP <input type="checkbox"/> KLC <input type="checkbox"/> MID <input type="checkbox"/> Morphine <input type="checkbox"/> NAR <input type="checkbox"/> NTG <input type="checkbox"/> OOD <input type="checkbox"/>	
Medications: Unknown		Suspected Drugs/ETOH? <input type="checkbox"/>		EPI <input type="checkbox"/> FEN <input type="checkbox"/> GLU/GLP <input type="checkbox"/> KLC <input type="checkbox"/> MID <input type="checkbox"/> Morphine <input type="checkbox"/> NAR <input type="checkbox"/> NTG <input type="checkbox"/> OOD <input type="checkbox"/>	
NKA Allergies: Unknown		DNR/AHCD/POLST? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk		EPI <input type="checkbox"/> FEN <input type="checkbox"/> GLU/GLP <input type="checkbox"/> KLC <input type="checkbox"/> MID <input type="checkbox"/> Morphine <input type="checkbox"/> NAR <input type="checkbox"/> NTG <input type="checkbox"/> OOD <input type="checkbox"/>	
LOG <input type="checkbox"/> ALERT <input type="checkbox"/> OX3		GCS		PUPILS	
<input type="checkbox"/> Disoriented <input type="checkbox"/> Normal for Pt		Eye 1 Verbal 1 Motor 1		<input type="checkbox"/> PERL <input type="checkbox"/> Fixed/Dilated	
<input type="checkbox"/> Combative <input type="checkbox"/> No Response		TOTAL GCS: 3 Repeat GCS (if applicable):		<input type="checkbox"/> Unequal <input type="checkbox"/> Cataracts	
<input type="checkbox"/> Not Alert				<input type="checkbox"/> Ptpoint <input type="checkbox"/> Sluggish	
RESPIRATIONS <input type="checkbox"/> CLEAR <input type="checkbox"/> NORMAL rate/effort		SKIN <input type="checkbox"/> NML		Cap Refill:	
TIDAL VOLUME: <input type="checkbox"/> M <input type="checkbox"/> + <input type="checkbox"/> -		<input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic		Glucometer	
<input type="checkbox"/> Wheezes <input type="checkbox"/> Labored		<input type="checkbox"/> Cool/Cold <input type="checkbox"/> Flushed		#1: #2:	
<input type="checkbox"/> Rales <input type="checkbox"/> Unequal		<input type="checkbox"/> Diaphoretic <input type="checkbox"/> Hot		Glucometer Ordered? <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Rhonchi <input type="checkbox"/> JVD					
<input type="checkbox"/> Stridor <input type="checkbox"/> Accessory Muscle Use					
O2@ 2 lpm Titrated <input type="checkbox"/> Y <input type="checkbox"/> N via: <input type="checkbox"/> NC <input type="checkbox"/> Mask <input type="checkbox"/> BMV <input type="checkbox"/> BioW by <input type="checkbox"/> Existing Trach. <input type="checkbox"/> ETT <input type="checkbox"/> SGA(K) <input type="checkbox"/> CPAP		IV: <input type="checkbox"/> SL <input type="checkbox"/> FC: cc <input type="checkbox"/> Not Ordered <input type="checkbox"/> IV Unable <input type="checkbox"/> Refused <input checked="" type="checkbox"/> IO <input type="checkbox"/> PreExisting IV		TransCutaneous Pacing: Electrical Capture <input type="checkbox"/> Y <input type="checkbox"/> N Mechanical Capture <input type="checkbox"/> Y <input type="checkbox"/> N Needle Thoracostomy	
Spinal Motion Restriction <input type="checkbox"/> SMR Refused <input type="checkbox"/> Tourniquet (TK)					
TIME		BIP		PULSE	
RR		O2 SAT		PAIN	
TEMP		TEMP UNITS		CO2 #	
WAVEFORM		ECG		DRUG/DEPRIB	
SEDS past 48hrs? <input type="checkbox"/> Y <input type="checkbox"/> N		DOSE		DOSE UNITS	
ROUTE					
REFUSED					
CPRN					
CPRN					
CPRN					
No Apparent Injury		B P		B P	
Burns/Elec. Shock		Trauma Arrest		Abdomen	
Critical Burn		Head		Diffuse Abd. Tenderness	
SDP <90(<70 if <1yr)		GCS <14		Genitals	
RR <10/>20(<20 if <1yr)		Face/Mouth		Buttocks	
Susp. Pelvic FX		Neck		Extremities	
Spinal Cord Injury		Back		Extrem. above knee/elbow	
Inpatient Trauma		Chest		Fractures >2 long bones	
Uncontrolled Bleeding		Flail Chest		Amputation above wrist/hand	
		Tension Pneumo		Neur/Vasc/Mangled	
				Minor Lacerations	
PROTECTIVE DEVICES: <input type="checkbox"/> Helmet <input type="checkbox"/> Seat Belt <input type="checkbox"/> Air Bag <input type="checkbox"/> Car Seat/Booster					
Enclosed Vehicle		Sports/Rec		Fall >15ft(>10ft Peds)	
Ejected		Assault		Self-Inflic'd/Accid.	
Extricated @		Stabbing		Self-Inflic'd/Intent	
Pass. Space Intr. >12" <18"		GSW		Electrical Shock	
Survived Fatal Accident		Animal Bite		Thermal Burn	
Impact >20mph Unenclosed		Crush		Hazard Exposure	
Ped/Bike: Runover/Thrown >20mph		Telemetry Data		Work-Related	
Ped/Bike <20mph		Special Consid.		Unknown	
Motorcycle/Moped		AntiCoagulants		Other:	
Taser					
CODE all options, CHECK actual destination:		CODE		ETA	
MAR		SFM		5	
EDAP (age <14)		SFM		5	
TC					
PTC (trauma, age <14)					
PMC (medical, age <14)					
STEMI Receiving Center					
Primary Stroke Center					
Comprehensive Stroke Center					
Perinatal (>20wks pregnancy)					
SART					
Other					
Time Clear		1143			
Time Receiving Hospital Notified					
Name of Person Notified:					
CHECK ONE:		DESTINATION RATIONALE:			
Specialty Center:		ED Saturation		Internal Disaster	
Not Required		CT Diversion		IFT	
Required/Criteria Met		SC diversion:		TC/PTC	
Guidelines Met		PMC		STEMI	
PT TRANSPORTED VIA:		Primary Stroke Center		Comprehensive Stroke Center	
ALS		SC Not Accessible		Judgment (Provider/Base)	
BLS		Shared Ambulance		Minimal Injuries	
Helicopter - ETA:		Requested by:		Unmanageable Airway	
No Transport		Other:			
		REASON FOR NO TRANSPORT:			
		AMA		DOA	
		Assess, Treat & Release		Eloped	
		T.O.R./B14		Pronounced	
		Other:			
		DISPO:			
		If Base is receiving hospital:		Discharged	
		Ward		Stepdown	
		ICU		Observation	
		OR		Cath Lab	
		Interventional Radiology		Expired in ED	
		OB			
		Transferred to:		(Hosp. code)	
		ED Diagnosis:			
COMMENTS:		1144			
MICN:		Physician:		Patient Name/Number:	